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Patent and Trademark Office

Attorney Docket Number

660336.91159

First Named Inventor

William F. McDonald *et al.***COMPLETE IF KNOWN**

Application Number

Filing Date

Filed Herewith

Group Art Unit

Examiner Name

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Antimicrobial Polymer

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name OR	Quarles & Brady LLP	Customer or label Number	
<input type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below	26710 PATENT TRADEMARK OFFICE		
Name	Registration Number	Name	Registration Number

<input type="checkbox"/> Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto		
Please direct all correspondence to <input checked="" type="checkbox"/> Customer Number or label		<input type="checkbox"/> OR <input type="checkbox"/> Fill in correspondence

Name	26710 PATENT TRADEMARK OFFICE				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:					A petition has been filed for this unsigned inventor			
Given Name	William	Middle Initial	F.	Family Name	McDonald	Suffix e.g. Jr.		
Inventor's Signature						Date	5/3/01	
Residence:	Utica	State	OH	Country	US	Citizenship	US	
Post Office								
Post Office	20750 Bell Church Road							
City	Utica	State	OH	Zip	43080	Country	US	Applicant Authority
<input checked="" type="checkbox"/> X	Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name	Stacy		Middle Initial	C.	Family Name	Wright			Suffix e.g. Jr.
Inventor's Signature	<i>Stacy Wright</i>					Date	May 03 2001		
Residence:	Flint		State	MI	Country	US	Citizenship	US	
Post Office									
Post Office	2208 East Second Street								
City	Flint	State	MI	Zip	48503	Country	US	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name	Andrew		Middle Initial	C.	Family Name	Taylor			Suffix e.g. Jr.
Inventor's Signature	<i>Andrew</i>					Date	1 MAY 2001		
Residence:	Ann Arbor		State	MI	Country	US	Citizenship	GB	
Post Office									
Post Office	2584 Walnut Road								
City	Ann Arbor	State	MI	Zip	48103	Country	US	Applicant Authority	
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature						Date			
Residence:			State		Country			Citizenship	
Post Office									
Post Office									
City		State		Zip		Country			Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.
Inventor's Signature						Date			
Residence			State		Country			Citizenship	
Post Office									
Post Office									
City		State		Zip		Country			Applicant Authority
		Additional inventors are being named on supplemental sheet(s) attached hereto							